

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR CATE*
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-031695A
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME SEMU - Permian
8. FARM OR LEASE NAME

9. WELL NO. # 26

10. FIELD AND POOL, OR WILDCAT Skaggs Grayburg
11. SEC. T. R. E. M., OR SLE, AND SURVEY OR AREA

Sec. 30, T20S, R38E

14. PERMIT NO. 30-025-07864
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH Lea 13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Temporarily Abandon ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

2/27/90 Set RBP @ 3600'. Circ. well bore w/packer fluid
Test csg. to 500' - 15 min. Held. See attached chart

18. I hereby certify that the foregoing is true and correct

SIGNED

H.A. INGRAM

TITLE CONSERVATION COORDINATOR

DATE 4-5-92

(This space for Federal or State office use)

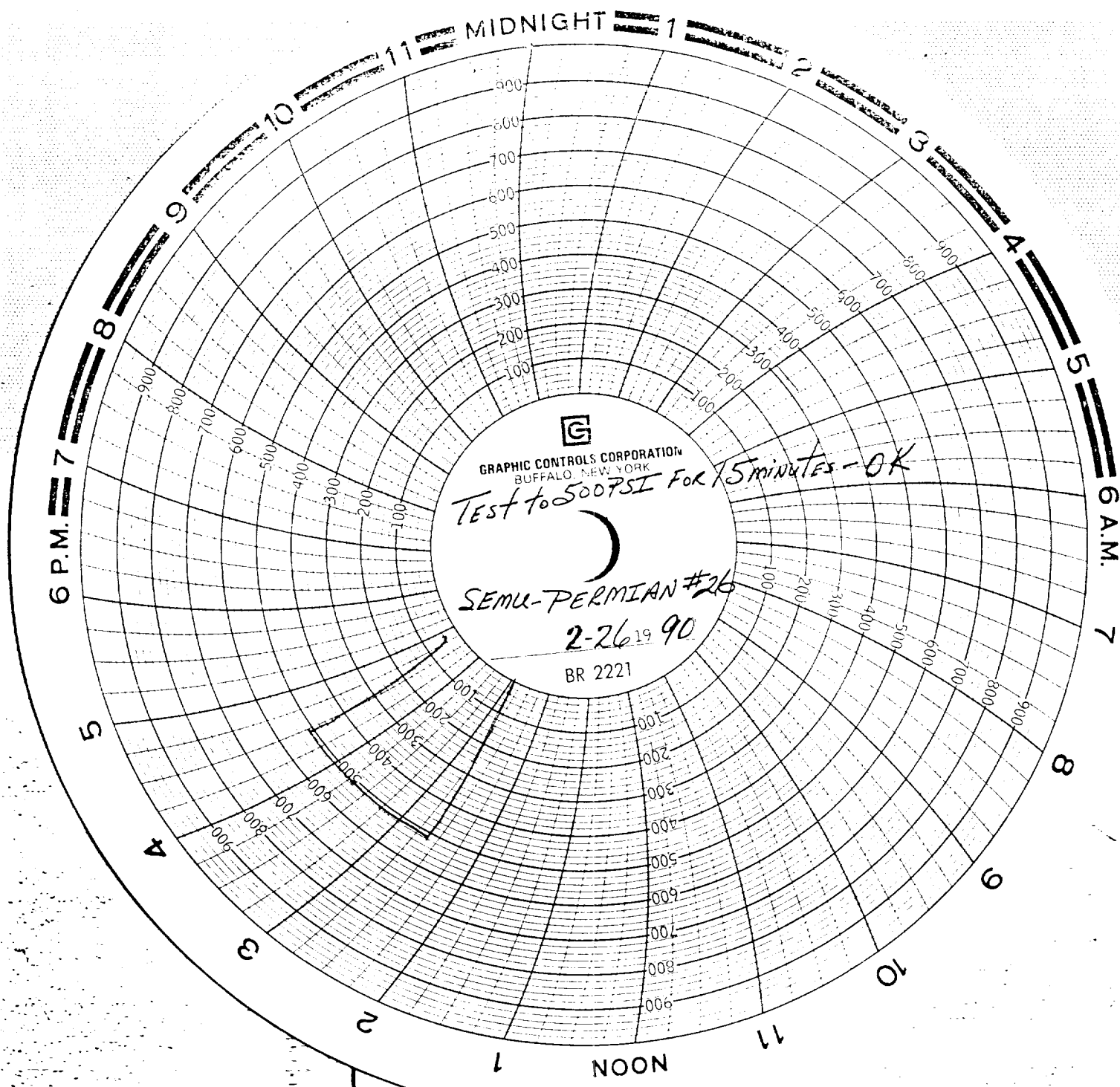
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FOR RECORD ONLY

See Instructions on Reverse Side



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Test to 500 PSI for 15 minutes - OK

SEMU-PERMIAN #26

2-26-90

BR 2221